

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

09-651-TR-CVF

SPURLOCK, MICHAEL
BEERY & SPURLOCK
275 EAST STATE STREET
COLUMBUS, OH 43215-4330

FILE

RECEIVER: COMPLETE THIS SECTION

A. Signature

X *D. Fleming*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

D. Fleming

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. /

7007 2680 0001 0484 7286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business

Technician *DR*

Date Processed

8-4-2012